



AmeriCorps Restoring Youth and Communities

Service Project Log

Form #7 To be completed by AmeriCorps Members for each Service Project conducted

AmeriCorps Member Name (PRINT) _____

Date Submitted _____

Service Project Date	Participant Last Name	Participant First Name	Participant YA Number	Service Duration (Hrs/Mins)	Service Project Description	Service Project Location	Rating 1-10

*Member rating on strength/effectiveness of interaction: 10 = most effective to 1 = least effective. For example, an interaction was considered moderately effective, giving a “5” rating. You should indicate the reasons for all ratings.